

# MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

## Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

### 1. Key Research Contacts:

County: Ventura County	
Researcher: Charles P.Allen, Ph.D.	Phone: (805) 654-5088
Address: 5740 Ralston, Suite 304	Fax: (805) 339-9704
Ventura, CA 93003	E-mail:
Research Manager: Same as above	Phone:
Address:	Fax:
	E-mail:
Principal Data Collector: To be identified	Phone:
Address:	Fax:
	E-mail:

### 2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

*Response:* **Multi-Agency Referral and Treatment (MART) Program**

### 3. Research Design:

a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental and quasi-experimental), you are using more than one research design and you will need to complete a separate copy of the survey for each design. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
<input checked="" type="checkbox"/>	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input type="checkbox"/>	Quasi-experimental interrupted time series design
<input type="checkbox"/>	Quasi-experimental regression-discontinuity design
<input type="checkbox"/>	Quasi-experimental cohort design
<input type="checkbox"/>	Other (Specify)
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Other (Specify)

- b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

*Response:* **Not applicable**

**4. Target Population:**

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

*Response:* **The program is designed for offenders with serious mental disorders. Male and female offenders will initially be referred from a variety of sources including judges, attorneys, probation, law enforcement, and mental health staff. Offenders may or may not be incarcerated at the time of referral.**

**Each candidate will be assessed for program eligibility using specific selection criteria. including the following:**

**At least 18 years of age and at least one prior non -violent conviction.**

**Recently convicted of a misdemeanor.**

**Diagnosed with a DSM -IV, Axis I mental disorder ( excluding primary substance abuse, developmental, and acquired organic brain disorders) based on a clear clinical history, and/or a detailed psychiatric assessment based on a structured (SCIDS or CIDI) interview, where the most current DSM-IV, Global Assessment of Functioning (GAF) score is 65 or less, and;**

**Where the candidate is assessed as having a serious functional or social impairment, with a DSM -IV, Social and Occupational Functioning Assessment Scale (SOFAS) rating of 60 or less; and/or, a presentation strongly suggesting a high probability of continued decompensation without appropriate treatment.**

**Enhanced Treatment Group:**

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

*Response:* **Offenders will be referred to MART program staff, for preliminary criteria screening. Although program referrals may come from a variety of sources (attorneys, probation, and law enforcement) it is anticipated that the majority of referrals will originate with CFMG staff associated with the booking process. Referred offenders may or may not, however, be incarcerated at the time of referral.**

**Referred offenders will undergo a preliminary screening by qualified MART program assesment personnel (Masters-level, Behavioral Health specialists, and Probation Officers) to determine likley program elegibility based on established criteria (see item # 4 above). Offenders who pass this preliminary screening will be briefed about the MART Program requirements and participant's rights.**

**The names of offenders willing to participants will be subsequently referred to the MART Team Psychiatrist for formal clinical evaluation and diagnosis. Offenders who are deemed suitable for participation in the MART program by the Psychiatrist, and who gives informed concent, will**

**then be recommended to both the Public Defender and the District Attorney for program enrollment.**

**The names of recommended individuals will be placed on the MART court calander based on joint concurrence by the Public Defender and the District Attorney At the time of arraignment the judge may, if deemed appropriate, sentence the mentally ill offender to formal probation supervision and to treatment by the MART team**

- b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

*Response:* **Qualified and MART-sentenced mentally ill offenders (as described in #5a. above) will be randomly assigned to either the Enhanced Treatment Group or the Control Group based on a randomly generated sequence of assignment codes.**

**6. Treatment-as-Usual (Comparison) Group:**

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

*Response:* **Same as #5a above.**

- b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

*Response:* **Same as # 5b above.**

**7. Historical Comparison Group Designs (only):**

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

*Response:* **Not applicable**

**8. Sample Size:**

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part

of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	55	55
Second Year	75	75
Third Year	70	70
Total	200	200

Unit of Analysis (Check one)	
<input checked="" type="checkbox"/>	Individual Offender
<input type="checkbox"/>	Geographic Area
<input type="checkbox"/>	Other:

#### 9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

*Response:* Services will be centrally coordinated, and implemented by a multidisciplinary team of professionals whose background and training include psychiatry, law, social work, law enforcement, substance abuse, rehabilitation, nursing, psychology, and intensive case management.

The program will emphasize strict medication compliance, dual-diagnosis treatment, intensive probation, supported housing, forensic counseling, skill development, and assertive linkages to public and private community resources.

Services will be implemented in three phases as described below:

##### Phase I: Intensive Treatment Phase

The Intensive Treatment Phase will emphasize medication compliance and intensive case management, including the programming of daily client activities. Primary objectives during the intensive phase will be to formalize a comprehensive treatment and services plan, assign a case manager, engage the client in programmed, tailored treatment, facilitate treatment compliance, and assist the client in accessing community resources.

During the Intensive Phase, the Multidisciplinary Forensic Treatment Team (MFTT) will evaluate clients. This team will consist of a Program Manager, Psychiatrist, Psychologist, Social Worker, Psychiatric RN, Licensed Mental Health Associates (Intensive Case Managers), Substance Abuse Counselors, Forensic Counselors, Supported Housing Specialists, and Probation Officers.

The MFTT will develop an initial, individualized treatment plan. This treatment plan will specify coordination of services related to key functional areas including:

- Forensic Status
- Physical Health Status
- Psychiatric Status
- Alcohol and other Drug Problems
- Residential/Inpatient Treatment needs

**Living Situation (and need for housing assistance)**  
**Financial Resources**  
**Education and Vocational Rehabilitation potential**  
**Family and social relations**

To assure coordination and continuity of team services, daily team meetings will be held under the direction of the team coordinator. Daily team activities will include (1) review of the previous day's assignments, (2) review of treatment plans, making revisions as appropriate (3) current client status and current day assignments and (4) identification of actual or potential crises and actions to be taken.

During the Intensive Phase, it is intended that the ratio of clients to case managers will be 1:8. Clients will participate in program activities as determined by treatment needs, and will have group and/or individualized contact with the team on a daily basis. There will be a strong emphasis on facilitating the ability of the client to demonstrate compliance with treatment recommendations- with an emphasis on medication compliance when appropriate.

It is anticipated that clients will generally be ready to enter the next Transition Phase after 6 months of Intensive Phase involvement on average - where more or less time may be required depending on the client's progress.

#### **Phase II: Transition Phase**

To be eligible to move on to the Transition Phase, participants must be assessed by the team as behaviorally and forensically stable, capable of semi independent functioning in the community, including connection with existing community resources, and the ability to successfully disengagement from intensive MFTT intervention. Clients transitioning to Phase II will receive less intensive supervision, be monitored less frequently (1-2 times per week) and be capable of consistent self-care and semi-independent living.

Phase II participants will receive a continuation of services initiated during Phase I, but are more tailored to the needs and capacities of less acute, less dependent clients - with special emphasis on work-related services, educational support, interpersonal relations, and relapse prevention as outlined below.

#### **Work and Education-Related Services**

Work-related services offered in Phase II will focus on developing and implementing treatment plans which engender the skills needed to maintain employment in community-based jobs including.

Assessment of the participant's aptitudes, skills, and interests, through a detailed review of the client's educational experiences, work history and vocational interviews.

Identification of specific behaviors that may interfere with work performance and development of specific intervention strategies aimed at reducing or eliminating such behaviors.

Development of a detailed Employment and Education Rehabilitation Plan designed to provide on -going guidance to find and keep a job.

Provide training and education to job / education site trainers and employers regarding the employment / education of mentally ill clients, and appropriate reporting procedures in the event of problems.

Provide job/ education site, crisis intervention services.

Provide work / education-related support services and coaching such as, securing appropriate clothing, setting personal hygiene standards, and providing a means of transportation when required.

#### **Interpersonal Relations Coaching**

Exposure to interpersonal skills will be introduced during Phase I. During Phase II, skills will be “coached” through supportive individual coaching and group counseling. As currently envisioned, coaching and counseling will incorporate such techniques as role-playing, side-by-side support, problem solving, modeling, assertiveness training, and leisure-time coaching.

Emphasis will be placed on increasing normal social experiences; thoughtfulness when planning activities, rehearsing and practicing appropriate social skills, and learning to accept constructive feedback, General objectives for this area will include

Improvement of communication skills

Increase in self -esteem

Ability to plan appropriate and productive use of time

Ability to relate to others – especially law enforcement , landlords and employers

#### **Substance Abuse: Relapse Prevention Services**

In the Criminal Justice System, increasing attention has been focused on substance abusing offenders who also have coexisting psychiatric disorders. Individuals in such circumstances are generally referred to as “dual-diagnosis clients”. In a similar fashion, services offered to such clients have come to be described as “dual-diagnosis services. From a treatment perspective, this includes client assessment, individual therapy, and group counseling,

Both individual and group counseling has historically been associated with the recovery process, and will serve as a vital component for offenders diagnosed with dual disorders. Fortunately, there are a variety of techniques well suited to the challenges posed by this dual population, however, not all approaches are equally well suited to all client characteristics, treatment goals, or stage of recovery.

To be effective, treatment services must be sensitive to these differences. It is therefore recognized that dual-diagnosis treatment must be tailored to the unique sobriety status of each mentally ill offender.

During Phase II the program will aspire to strike a balance between focusing on psychiatric and substance abuse issues, where both domains are needed to match client circumstances, diagnoses, and goals with various treatment strategies.

Phase II will continue to stress dual-diagnosis, substance abuse counseling, with special emphasis on relapse prevention.

#### **Phase III: Monitoring Phase**

To enter the Monitoring Phase, participants must demonstrate consistent treatment compliance and ability to function adequately and lawfully in their community.

The Monitoring Phase will entail a scaled-down version of Phase II, and will also involve periodic status reviews by the MFTT to assess medication compliance, relapse potential, re-offense potential, symptom severity, family, work and social relations, and level of self-care. Clients may be referred back to more intensive levels of treatment if clinically or legally indicated.

#### **Functional Components**

Service components of the Enhanced Services Program will consist of the following:

#### **Program Management**

**Psychiatric Services  
Dual Diagnosis Programming  
Supported Housing  
Intensive Case Management  
Forensic Services  
Support Services**

**Forensic Program Management will provide for integration and coordination of all services delivered to the client. The Program Manager will handle overall administration of the Enhanced Services Program. The Team Psychiatrist will provide medical oversight. Clerical services and data processing activities will be the responsibility of Program Management. The Program Manager will report to the Grant Administrator.**

**Psychiatric/Medical Services will include psychiatric evaluation, general health screening, prescription and monitoring of psychotropic medications, psychiatric monitoring, medication education, medications, and lab work. General health screening will occur while the client is in custody. The Psychiatric Nurse will follow general health concerns (with supervision by the psychiatrist). Appropriate medications will be prescribed. Laboratory work will be ordered as indicated.**

**The psychiatrist will see the client on a frequent basis (one-to -two times weekly) until the client is stabilized sufficiently to allow for reduction in the frequency of psychiatric contact. Client will receive Case Manager and/or RN assistance regarding attending psychiatric follow-ups, taking medications as prescribed getting prescriptions filled, and obtaining appropriate lab work. Education/counseling will also focus on developing insight on the part of the client into the critical importance of treatment compliance.**

**Dual Diagnosis Programming will consist of dual diagnosis specialist assessment, as well as educational and counseling groups specifically addressing dual diagnosis issues. Treatment beds will be available for Dual Diagnosis rehabilitation. Clients will attend both treatment groups and community-based 12-Step recovery groups. Random urine drug testing will be coordinated with Probation staff.**

**A supported housing coordinator will offer supported housing assistance. Appropriate housing is viewed as critical to the success of the client. The supported housing coordinator will secure the appropriate level of housing, and assist the client in developing the skills requisite for successful independent living. A six bed, transitional, semi-independent housing unit will also be made available to program participants.**

**Intensive Case Management services will be used to insure successful participation in planned, program activities. The client will receive education and assistance in linkage with community resources (including vocational and educational opportunities). During the Intensive Phase of treatment, the client to case manager ratio will be targeted to average eight-to-one.**

**Forensic Services will provide coordination with the criminal justice system to include monitoring and reporting of the client's progress and adherence to the treatment program. Psychological assessment and testing will occur as needed.**

**Additionally, educational and Cognitive Behavioral groups and will be offered which focus on such issues as relapse/re-offense prevention, and anger management). Individual counseling will be available as appropriate.**

#### **Detailed Client Assessment, Measurement and Monitoring**

**Once it has been determined that a mentally ill offender meets the requirements for program enrollment, and has been randomly assigned to the Enhanced Services (treatment) Group, a master record form will be completed for data base input. This form is intended to collect and consolidate informatm regarding the participant's historical, diagnostic, demographic and psychosocial. characteristics, as well as current medical status.**

More specifically, this form will serve as a data base input media intended to (1) define relevant information needed to more adequately plan program treatment services and to facilitate subsequent data analysis (2) specify appropriate units of service for monitoring change as a function of program intervention related to both process measures and outcome measures and (3) record units of service and monitor participant progress..

All identifiable units of intervention services will be recorded by client in the MART Master Data Base

#### 10. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

*Response:* Treatment-as-Usual participants will be randomly assigned to the control group in the manner previously discussed (See #5 & #6 above). Additionally, the same information will be collected and compiled for individuals assigned to the control group as will be collected and compiled for the treatment group - thus assuring comparable initial data base parameters.

Treatment as Usual participants will receive a psychiatric evaluation and be assigned to a MART caseworker. This worker will schedule weekly, one-hour sessions with the participant to monitor client status and medications compliance, and to provide appropriate (but nominal) counseling and case management services . Where participants are already enrolled with one of the County's other Mental Health Teams, this will be noted, and clinically appropriate, "treatment as usual services" will be jointly coordinated by MART with the other team on a case-by -case basis.

Just as with the Treatment Group, client will enter all identifiable units of service, regardless of the service provider, into the MART Master Data Base.

#### 11. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operational definition of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between IV & DV (+ or -)
Treatment Modality Enhanced Treatment vs. Treatment- as - Usual	1.Psych. medication compliance	% compliance by type, dose, and time period	Clinical assessment and lab tests	(+) for Enhanced TX Group
"	2. Arrests	type, number, frequency, rate	Official records	(-) for Enhanced TX Group
"	3. Incarcerations	Number, freq.and number of jail days	Official records	(-)for Enhanced TX Group
"	4.Convictions	type, number, and frequency	Official records	(-)for Enhanced TX Group



"	5. ER contacts	type, number, and frequency	Official records	(-)for Enhanced Tx Group
"	6.Crisis team contacts	type, number, and frequency	Official records	(-)for Enhanced Tx Group
"	7.Hospitalizations	type, number, and frequency	Official records	(-)for Enhanced Tx Group
"	8.Substance relapse	type, number, and frequency - ratio clean-to-sober days	Drug screen	(-)for Enhanced Tx Group
"	9.Symptom intensity	GAF, SOFAS, SASSI	Clinical ratings	(-) for Enhanced Tx Group
"	10.Meds. compliance	%change from base-Psych. assessment	Clinical ratings and SASSI lab test results	(+) for Enhanced Tx Group
"	11.Housing stability	ratio days stable to days on program	Housing records	(+) for Enhanced Tx Group
"	12.Employment/income	Status and % change	Employment records	(+) for Enhanced Tx Group
"	13.Probation compliance	% compliance	Official records	(+) for Enhanced Tx Group
"	14. Community Functioning	% of change from base-line assessment	Clinical ratings and performance test results	(+) for Enhanced Tx Group

**12. Statistical Analyses:**

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. Mentally ill offenders assigned to the Enhanced Treatment Group will show a significant decrease in recidivism and fewer days in jail, compared with participants assigned to the Treatment -As -Usual, Control Group.	Analysis of Variance
2. Participants in the Enhanced Treatment Group will have fewer and less severe involvement with the Criminal Justice System, compared with Control Group Participants.	Analysis of Variance
3. Enhanced Treatment Group participants will require fewer and less severe interventions by the Behavioral Health System, and other health-related services, compared with Control Group Participants.	Analysis of Variance
4. Enhanced Treatment Group participants will show an increased level of community functioning, compared with Control Group Participants	Analysis of variance
5. Enhanced Treatment Group participants will show a decrease in symptom severity, compared with Control Group participants.	Analysis of Variance
6. Enhanced Treatment Group Participants will show a decrease in substance abuse/relapse, compared with Control Group participants.	Analysis of Variance
7. Enhanced Treatment Group participants will show greater and more consistent employment, compared with Control Group participants	Analysis of Variance
8. Enhanced Treatment Group participants will demonstrate greater medications compliance, compared with Control Group participants	Test for significant difference in proportions
9. Enhanced Treatment Group participants will show greater residential stability, compared to Control Group Participants.	To be determined
10.	Note: The statistical analyses employed will, in each case, consider the type of data being analysed, as well as the structure of the data distribution under consideration.

**13. Cost/Benefit Analysis:**

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

**Response:** A methodology for conducting a cost/benefit and/or cost/effectiveness analysis for the MART Program is currently under study. As currently envisioned, the evaluation process will identify appropriate units of service and associated cost factors for each type of service to be delivered (e.g., therapy hours, bed days, probation hours, lab tests medication services, etc.). Records will be kept such that units of service planned will be recorded together with units of service provided, to more accurately reflect cost of treatment values.

Additionally, the Program will examine the feasibility of updating earlier estimates based on aggregate local, regional and, national cost data previously compiled during rigorous National studies (e.g., National Institute of Justice Study of Offender Processing Costs) These data will be examined for appropriateness in determining cost effectiveness and cost utility of various intervention strategies. implemented during the

program. Since Ventura County was originally selected to participate in these landmark Criminal Justice studies, locally relevant baseline data may be available for updating for such an analyses.

As input to such an analysis, services will be costed for each type of intervention and its associated unit of service delivery including: Type, location, dosage, frequency, duration and staff deliverin services.

**14. Process Evaluation:**

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

*Response:* **A master data base will be designed, maintained and continually updated that tracks all client and service delivery parameters including number type, location, frequency, duration and staff. providing the service.**

**Budget status will be monitored and reported by Program Administration**

**15. Program Completion:**

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

*Response:* **It is anticipated that completion of all three-program phases (as previously described) will nominally require a program commitment of 12 months (see program description) assuming a participant does not "drop out" or is disqualified.**

**16. Participant Losses:**

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

*Response:* **The program will continue to attempt to track those who drop out or are otherwise disqualified. MART participants may be terminated from the program if they commit a felony or violent misdemeanor, are non-compliant with treatment, or recommit. In the case of a subsequent violation, a judge will make the final determination as to continued program involvement.**